
Purpose	Provide guidance on circumstances in which client/applicant information may be released and method of release.
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Sharing Information In Client's Charts	Frequently local WIC agencies will receive requests for information from other individuals or programs regarding WIC clients such as social workers, school counselors, police officers, attorneys and others.
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Information contained within a WIC client's chart cannot be released to any other parties unless:

- ◆ The requesting agency or party submits a signed release from the client or if a minor, then from the minor's parent or legal guardian; or
- ◆ the request comes from the parent of a child or
- ◆ Served with a subpoena, search warrant or a court order to produce client records. See procedure later in this section.

When local agency WIC staff would like to share information in an applicant or client's chart, a release of information form must be signed by the client before any information can be shared. If the client is a minor the release of information form, must be signed by the minor's parent or legal guardian. An applicant/client may refuse to sign a release form.

Confidential applicant and participant information includes any information about an applicant or participant, whether it is obtained from the applicant or participant, another source, or generated as the result of WIC application or certification, or participation, that individually identifies an applicant or participant and/or family member(s).

Confidential information includes sharing scheduled WIC appointments with another individual or agency.

Requesting Information About WIC Clients From Another Source	If a WIC local agency wishes to obtain information from another individual or agency (i.e., physician, ADC, foster care), a WIC Release of Information Form must be signed by the client (or if a minor, then by the minor's parent or legal guardian) before requesting any information.
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**Requesting
Information About
WIC Clients From
Another Source
(cont.)**

A copy of the WIC Release of Information Form may be found later in this procedure.

The exception to this would be those persons indicated by name on the back of the WIC Certification Signature Form. These persons are also guardians/parents of the minor WIC client.

When a WIC applicant or client is asked by WIC to have information about themselves requested from another person, agency, or program, it should be made clear to them that this in no way impacts their eligibility

**Parents Who Request
Children's WIC
Information**

On occasion WIC service providers may receive a request for information from the parent of a child who did not enroll that child in the WIC program. The parent of a child may have access to the information that they provided to WIC, as long as they maintain legal responsibility for that child. However, the individual must prove that they are the parent (i.e. birth certificate, custody papers, etc.) of the child.

If the parent no longer has legal responsibility for that child, and the child has been assigned a legal guardian, then the legal guardian controls access to the chart.

**Requests By Clients
To See Their Own
Charts**

Clients and applicants who request to see their own file have the right to access all information provided by them to WIC. This would include:

- Certification form
- Assessment forms
- Individual Plans of Care
- Proxy authorization forms
- Signed release of information forms
- Signed consent to participate forms
- Statement of Status forms and
- Any written notes or information supplied by the applicant/client

Staff should not provide any information in the file or record, such as documentation of income provided by third parties or any information which serves as a staff assessment of the client's condition or behavior without checking with their legal counsel and the State WIC office.

**Requests From Other
WIC/CSFP Agencies**

Requests for information by WIC providers and CSFP agencies within the state of Nebraska to another Nebraska WIC/CSFP agency do not need a completed Release of Information Form. A release statement to share information between Nebraska WIC provider/CSFP agencies is part of the client agreement.

**Requests From Other
WIC/CSFP Agencies
(cont.)**

Requests for information by WIC and CSF programs outside the state of Nebraska should be answered as soon as possible. A signed release form is not necessary to release information to these programs. For documentation in these instances see below.

When an individual from another WIC or CSFP agency calls for information regarding a WIC client, they should be asked for some type of information which would indicate that they are from a WIC local agency, who is now serving the client. For example, you could ask them to provide the client's family I.D. number, birth date, or similar data.

When information is released over the telephone to another WIC or CSFP agency, at least the following information should be documented in the client's chart:

- ◆ date,
- ◆ information provided,
- ◆ staff member providing information,
- ◆ to whom information was provided (i.e. agency and staff name).

If information is sent through the mail, there should be documentation in the client's chart as to what was sent and to whom.

**Guidelines For Using
the Release of
Information Form**

The following are guidelines for using the Release of Information Form:

- ◆ If the individual is applying for benefits, a release to share information with a private physician or other health care provider(s) may be included during the certification process; the request for release of all other information should be presented at the end of the certification process.
- ◆ When a request to release information is presented to an applicant/client, an explanation should accompany this request.
- ◆ When a WIC applicant or client is asked to sign the Release of Information Form, it should be made clear to them that this does not impact their eligibility or participation in the WIC Program. An applicant/client may refuse to sign a release form.
- ◆ Providers should not have clients sign a blank Release of Information Form to place in the file for future use. Specific information being requested and who the agency is requesting the information from should be filled in before the client signs the form.

**Guidelines For Using
the Release of
Information Form
(cont.)**

- ◆ Forms should not ask for generic information, i.e. all medical data, or all information in client file. Specific information needed should be identified on the Release form (i.e. height, weight, number of visits for ear infection in previous six months, etc).
- ◆ The earliest date you are requesting information for should be specified in the appropriate area of the form.

**Retention of Release
Forms**

A copy of the signed WIC Release of Information should be retained in the client's file.

WIC RELEASE OF INFORMATION FORM

From: (Requesting WIC Agency)	To:
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AUTHORIZATION FOR RELEASE OF INFORMATION

I _____, permit you to release the information indicated below regarding
(Authorizing Person)

_____ to the agency/provider listed above.
(Participant/Client Name)

I understand that refusal to sign this form will not jeopardize my benefits or eligibility for the WIC Program.

_____	_____	_____
(Authorizing Signature)	Relationship to participant (self, parent)	Date *

* This release is valid for six months from the date the authorization of release was signed.

AUTORIZACION PARA LA LIBERACION DE INFORMACION

Yo _____, les doy permiso de liberar la información indicada abajo con respecto a
(Persona autorizando)

_____ a la entidad escrita arriba.
(Participante/Nombre del Cliente)

Yo entiendo que al negarme a firmar esta forma no pondrá en riesgo mis beneficios o elegibilidad para el programa de WIC.

_____	_____	_____
(Firma autorizando)	Relación al paciente (uno mismo, padre)	Fecha *

* Este permiso es valido por seis meses de la fecha que la autorización de liberación fue firmada.

REQUEST FOR INFORMATION

- ☐ We respectfully request that you provide the information indicated below regarding this WIC client. Data provided should be current within the last 60 days. Please indicate the date data was obtained.

☐ Ht: _____ Date Obtained: _____ ☐ Wt: _____ Date Obtained: _____

☐ Hgb: _____ Date Obtained: _____ ☐ Hct: _____ Date Obtained: _____

Other (please specify): _____

- ☐ We are providing the following information as authorized by the WIC client/guardian.

Date of Birth: _____ Phone: _____ Address: _____

WIC is an equal opportunity provider

7/03